

Distribution: Public

Background Check Authorization

CHECK ONE: M-2 W-2 Volunteer Special Event Visitor Clergy Vendor/Contractor Tour Other

Last Name First Name MI Social Security Number

Maiden /Alias Names:

Street Address/P.O. Box City State Zip Code

Home Telephone Number Work Telephone Number Cell Phone Number (optional)

Date of Birth Driver's License Number # State Issuing Driver's License

I hereby authorize the South Dakota Department of Corrections, or its designated agents and representatives, to obtain and review my criminal background. I certify that the information given by me is true, complete, and correct, to the best of my knowledge and belief and made in good faith.

The DOC and its designated agents or representatives shall maintain all information received from this authorization in a confidential manner in order to protect my personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature of Applicant Date Staff Signature Date

Printed Name Printed Name

FOR OFFICE USE ONLY: Background Check Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Printouts)			
Special Security/Major Signature	Date	Associate Warden/Designee Signature	Date
Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	